

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: April Taylor
Date: 07/18/2007
Time: 10:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

<ul style="list-style-type: none"> x Rick Kretschmer x Cheryl McQueen Gary Imes Joyce Sims x Rick DeBell x Travis Nobles x Thelma Hayter x Eric Johnson Tim Sullivan 	Others: <ul style="list-style-type: none"> x Jamie Herubin x Sandy Flores Mike Frost x Myran Harris x Chris Ferrell Deborah LeBlanc
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Attendees:

<ul style="list-style-type: none"> x Alamance-Caswell x Albemarle x Catawba x Centerpoint x Crossroads x Cumberland x Durham x Eastpointe x ECBH x Five – County MHA Foothills Guilford x Johnston 	<ul style="list-style-type: none"> x Mecklenburg x Onslow-Carteret OPC x Pathways x Sandhills Center x SE Center x SE Regional x Smoky Mountain x The Beacon Center Wake x Western Highlands
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Item No.	Topics
	<ol style="list-style-type: none">1. Roll call2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.3. Upcoming Check-writes (cut-off dates) –4. Agenda items<ul style="list-style-type: none">• Eligibility Matrix Update• New CPT Fee Schedule from July 2007 Medicaid Bulletin• Updates to the IPRS Web Site• Beta Test (NPI) Requirements review<ul style="list-style-type: none">• 100 records/LME/submission; Format Test; Full Cycle Run, 835• Update scheduled termination: TBD• IPRS/MMIS Questions or Concerns5. DMH and/or EDS concluding remarks<ol style="list-style-type: none">a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ol style="list-style-type: none">i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 47076. Roll Call Updates

Next Meeting: July 25, 2007

For assistance with IPRS claims, adjustments, R2Web, application access, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355,
M-F, 8 a.m. - 4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.ganda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please give your name and which "area program" you represent when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<p><u>Upcoming Checkwrites – (cut-off dates)</u> July 25, August 2, 9, and 16th</p> <p>Checkwrite this week and next week (last Checkwrite of July)</p> <p>Q: (Western Highlands) Have the 3811 budget dollars been finalized?</p> <p>A: No. Budgets will not be final until the legislature has passed a budget.</p>
4.	<p><u>Agenda Items</u></p> <ul style="list-style-type: none"> <p><u>Eligibility Matrix Update</u></p> <p>(Cheryl) To let everyone know, it has been updated again. The current date on it is the 17th. Cheryl sent an email over to the web team to have it updated yesterday, which should be completed by the end of today. For those of you who use the matrix, you will need to download it again.</p> <p>Q: (April of SE Regional) Can providers can bill CAP supplies directly?</p> <p>A: (Chris) There is a code for this under Medicaid.</p> <p>Q: (April) Up until now it has been required that providers bill through us instead of directly.</p> <p>A: (Chris) They should be able to find the code themselves on the fee schedule.</p> <p>Q: (Kelly of Durham) We have been told that the answer is "no", providers cannot direct bill for these services.</p> <p>A: The way I understand it, they have to be an "enrolled biller". Not all supply items are included on the schedule. There's a disconnect between the vendors and their ability to become enrolled as a biller and the service codes they can use as reimbursement.</p> <p>A: (Chris) You can send your question into IPRS Q & A for your specifics.</p> <p>Q: (April) I guess I don't understand the answer, whether they can bill them directly or if they have to bill through the LME.</p> <p>A: (Eric) It sounds like the answer is "it depends". If you send your question in to Q & A, we can get the specifics to you with due diligence.</p> <p><u>Fee Schedule Update</u></p> <p>(Chris): 2007 Medicaid bulletin mentioned the fee schedule updates, which are updated on the web at this time.</p> <p><u>NPI updates:</u></p> <p>Please become involved in beta testing as soon as possible.</p> <p><u>IPRS Questions or Concerns</u></p> <p>Q: (Tommy of Sandhills) Action codes from endorsed providers that we may be pulling the endorsement on...where does this issue stand at this point?</p> <p>A: (Cheryl) We have a CSR set up to make that process automatic.</p> <p>Q: For right now, there is no way to take an unendorsed provider out of IPRS?</p>

	<p>A: (Cheryl) What you can do is associate the action reason code (denied based on date of service, starting with the date they lost their endorsement) with each pop group.</p> <p>Q: So this will be electronically done in the future for Direct Enrolled providers?</p> <p>A: (Cheryl) Correct.</p> <p>Q: If two LMEs were using the same provider, one of them pulled endorsement, then this would impact that LME.</p> <p>A: Right now, both LMEs have to manually apply the action reason code. In the future, this would be done for both of them systematically.</p> <p>Q: (Dean) Where is the report again that displays these cases?</p> <p>A: (Cheryl) IPVR0221 I believe.</p> <p>Q: (Western Highlands): Does that report include the effective date?</p> <p>A: (Thelma): Not at this time, but we are looking into whether or not we want to add it.</p> <p>Q: (Cathy of Smoky) Question about the Medicaid rate schedules that went out...concerning the certified clinical supervisors...They are listed as being able to bill CPT codes. Last month, the Medicaid bulletin stated they could not bill these codes. Is that something that has changed or is that an error?</p> <p>A: (Chris) I can double check on that for you. Send it through Q&A so it can be documented.</p> <p>Q: I've already sent it.</p> <p>A: (Chris) OK.</p> <ul style="list-style-type: none"> <p><u>New EOB (Chris)</u></p> <p>In the last Checkwrite, we had denials reported on the RAs because of the old CMS 1500 form (denial code 9991: claim denied due to submission on old CMS 1500 format). Instructions for completing the new form are on the website and the June 2007 special bulletin. Also there are upcoming seminars for the NCECS web tool, which will cover the submission of claims and adjustments electronically.</p> <p>(Thelma): We want to encourage everyone to send in adjustments electronically instead of on paper. Sending in adjustments electronically (via the NCECS web tool or the 837) will help you get your adjustments processed more quickly.</p> <p><u>Medicaid Questions or Concerns</u></p> <p>Q: (Tom from Western Highlands) When did the H2020 level 2 group home become direct billable to Medicaid?</p> <p>A: (Thelma) That was one of the codes that was supposed to be direct billable to Medicaid back in 2006. This actually happened later on May 1st of this year, once DMA had enrolled all of the endorsed providers that had sent in an application. An email has been sent to LME directors to stop billing for direct providers.</p> <p>Q: Does that include therapeutic foster care, level 2?</p> <p>A: No. Those have not been direct enrolled.</p> <p>Q: (Cumberland) Is it correct that electronic adjustments can only be done for claims that go back a year? Further than that, a paper adjustment is required?</p> <p>A: (Chris) in the basic Medicaid billing guide, there are certain cases where you can override time limits electronically, but there are four fields that cannot be changed, including paid amount and date of service. If one of those fields are being changed and it is older than a year, then yes, you would have to use paper.</p> <p>A: (Thelma) To clarify, my earlier suggestion that we phase out paper adjustments was meant only for the IPRS side.</p>
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5.	<p>DMH and/or EDS concluding remarks</p> <p>The next Core Team meeting date is scheduled for July 25, 2007</p> <ul style="list-style-type: none">• For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ul style="list-style-type: none">i. Physician phone analyst (i.e. Independent Mental Health Providers)- 4706ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
6.	Roll Call Updates